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habits that he naturally hopes for some easier method of cure. There is, however, no royal road to health, and all the advertised cures for corpulence that are safe, depend for their results on these same means,—of exercise and of control of the pleasures of the palate, by following real hunger and not an “it-tastes-so-good” appetite. Those who have sufficient will power to carry out the cure, and who prefer to eat to live rather than to live to eat, will not only enjoy longer life but will be more comfortable and useful during their allotted days.

PRIVATE DUTY NURSING

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In giving her address to a graduating class, not long ago, a superintendent of a training school in this state said, “I trust you are not going to be contented to be one of those nurses who are satisfied to live in a suit-case.” Should private nursing be so belittled? Is it true that institutional work alone leads to places of authority in the nursing world by promotion, as well as paying financially?

From a material standpoint, a nurse would not readily accept the hours and work required in private duty. However, the satisfaction of accomplishing so much good under difficulties compensates her for these disagreeable factors.

Social service nurses gradually become heads of departments and may become prominent in public health work. They are called for now, especially, in connection with reconstruction work. Although a nurse may be a very good private nurse, still to the end of her professional days she is a private nurse and, you will occasionally hear, only a private nurse.

In private duty, the nurse works hand in hand with the doctor more than in any other branch of nursing, and in her personal contact with patient and doctor, she is able to estimate each at his real value. As a true comrade, she has a certain satisfaction in helping both fight their battles. In a home, the sick member is not a case to the family; their world is at a standstill until the crisis is over. The private duty nurse must appreciate this, must relieve their worry by conveying to them her sympathy, showing her professional ability and her deep interest in the patient.

The problem of the private duty nurse is not one of methodical management, but of adaptability, whether she can give the required treatments without antagonizing anyone, can accustom herself to

new people, new ways and irregular hours, can remember the little personal whims without being reminded of them.

The ethical side of nursing, much more than professional ability, is questioned in this branch of the work; that is, right acting, the nurse's attitude of loyalty towards doctor and hospital, her unvarying courtesy, patience and thoughtfulness for her patient.

One of the members of the Nursing League said recently that she hoped to live to see the day when there would be no private nurses. I may be over enthusiastic, but I feel that there is a wonderful satisfaction in this kind of public service. A nurse will receive little or no thanks, nor gratitude, but she has her reward, not only in the battles fought and won in the private nursing field, but in feeling that she has paved the way for the so-called welfare nurse, whether social, industrial or in any branch of public service work. It has required infinite tact to break down the barrier between patient and nurse, to make the patient feel the nurse is a friend, helping in trouble, untiring in the effort to help fight the inroads of disease, sympathetic in her attitude when all skill is of no avail. Through the nurse's work in private families has come the inspiration of the social nurse. The opportunity has been given her, not only to show the need but to offer a partial solution for the social problems of the day.

Must the private nurse stand before the nursing world as one of a class whose work is finished? In the past, nurses who have not wished institutional positions have fallen back on private work as the only work for them, but now that other fields are open, only those nurses who are especially fitted for this work will remain. The field is an important one, the work is varied and it calls for the best recruits that offer. By their work, their sympathy and tact they show that private nurses are still a factor in the community.

At the convention in Philadelphia, the call came to public health nurses to stay where they are, to stand by their own work. To serve our country wisely and to the full extent of our ability is our great desire, war means the service of many nurses, the hospitals cannot be depleted, the younger graduates are called to active service and the private duty field must send its quota. Public health nursing is in its infancy and cannot well spare those who have just been trained to its special service. Private duty nurses, you are trained to responsibility, to work often without adequate means, to face contagion. You are especially fitted to support your branch of the service in response to the call of duty and in every way to uphold the standards of nursing service by your intelligent knowledge, your technical skill, your ethical training and your unselfish devotion.